

2012 Youth League YVOLLEYBALL

We build strong kids, strong families, strong communities.

<p><u>1st-3rd GRADE DIVISION</u></p> <p>January 11 5:30-6:30PM Training Session 6:30-7:15PM Coaches' Meeting</p> <p>January 18 5:00-8:00PM Training Sessions</p> <p>January 25-March 21 League play *All games on Wednesdays beginning at 5:00PM</p>	<p><u>WHO:</u> Boys & Girls in Grades 1-6</p> <p><u>Divisions:</u> <<1st-3rd Grade and 4th-6th Grade>></p> <p><u>REGISTRATIONS:</u> December 5 to January 2</p> <p><u>COST:</u> \$25 YMCA members \$50 nonmembers</p> <hr/> <p>Please contact the PIKE COUNTY YMCA 740-947-8862 www.pikecountymca.org</p>	<p><u>4th-6th GRADE DIVISION</u></p> <p>January 9 5:30-6:30PM Training Sessions 6:30-7:15PM Coaches' Meeting</p> <p>January 16 5:00-8:00PM Training Sessions</p> <p>January 23-March 19 League & Tournament play *All games on Mondays beginning at 5:00PM</p>
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YMCA YOUTH VOLLEYBALL LEAGUE

Please return to the YMCA Front Desk with payment by **Monday, January 2, 2011**

Name: _____ D.O.B.: _____ Grade: _____ School: _____

Address: _____ City: _____ Zip: _____

Parent's Name: _____ Phone (_____) _____

E-Mail Address: _____ YMCA Member: YES NO

Most League Correspondence will be done through e-mail. Please print clearly!

Shirt Sizes: (Please Circle)

Youth: MEDIUM (10-12) LARGE (14-16) **Adult:** SMALL MEDIUM LARGE X-LARGE

Name of Parent to Volunteer Coach: _____ Shirt: _____

My Business or I would like to sponsor a team: _____

**The cost to sponsor a team is \$200.00. Sponsor (Businesses) names will be put on the team's shirts.*

I, the parent/guardian of the child named above, verify that the information given is correct and do hereby release and discharge the Pike County YMCA, its staff, coaches, officials and volunteers from any and all claims of damages in any manner arising from his/her participation in the 2012 YMCA Youth Volleyball program. Furthermore, I authorize the use of photos taken during said program to be used for official Pike County YMCA publications.

Parent/Guardian Signature: _____ Date: _____